



Practice Incentives Program

Indigenous Health Incentive and Pharmaceutical Benefits Scheme

Co-payment Measure

Patient withdrawal of consent

Important information

Complete this form to withdraw your consent to participate in the Practice Incentives Program (PIP) Indigenous Health Incentive and/or the Pharmaceutical Benefits Scheme (PBS) Co-payment Measure.

Assistance

If you need assistance completing this form call **1800 222 032** (call charges may apply) between 8:30 am and 5:00 pm ACST, Monday to Friday. For more information email pip@medicareaustralia.gov.au or go to www.medicareaustralia.gov.au > For Health Professionals > Incentives and Allowances > Practice Incentives Program

Lodgement

Send the completed form to:
Practice Incentives Program
GPO Box 2572
Adelaide SA 5001
 or fax to: **08 8274 9352**

Print in **BLOCK LETTERS**

Tick where applicable

Patient's withdrawal of consent

- 1** I no longer want to be a part of the PIP Indigenous Health Incentive.
 No
 Yes
- 2** I no longer want to be a part of the PBS Co-payment Measure. I understand that my PBS medicines will go back up to the usual, higher price. I do not want further information about the medicines I take to be put in the PBS Co-payment Measure system.
 No
 Yes

Patient's details

3 Dr Mr Mrs Miss Ms Other

Family name

First given name

4 Your sex

Male
 Female

5 Date of birth

/ /

6 Medicare number

- - Ref. no.

Practice details

7 Practice ID (if known)

8 Practice name

9 Address

 Postcode

Patient Declaration

10 I acknowledge that:

- by completing this form I am withdrawing my consent to participate in the PIP Indigenous Health Incentive and/or PBS Co-payment Measure.

I declare that:

- the information on this form is correct.

Patient or parent/guardian's full name

Patient or parent/guardian's signature

Date

/ /

Privacy note

The information on this form will be used to end your participation in the PIP Indigenous Health Incentive and/or PBS Co-payment Measure. The collection of this information is authorised by the *Medicare Australia Act 1973*. Information on this form may be disclosed to the Department of Health and Ageing, other relevant agencies or as authorised or required by law.